

ISO/Payment Agent	Funding	Transaction Code	Modifier	Service Name	Service Description	Unit
No	Consolidated, PFDSW, Base @ 90/10, FSS&FD, Pennhurst Dispersal @ 90/10	T2025	GP	<b>Physical Therapy</b>	Waiver service not otherwise specified. Service delivered under an outpatient physical therapy plan of care. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	15 minutes
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No	Consolidated, PFDSW, Base @ 90/10, FSS&FD, Pennhurst Dispersal @ 90/10	T2025	GO	<b>Occupational Therapy</b>	Waiver service not otherwise specified. Service delivered under an outpatient occupational therapy plan of care. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	15 minutes
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No	Consolidated, PFDSW, Base @ 90/10, FSS&FD, Pennhurst Dispersal @ 90/10	T2025	GN	<b>Speech and Language Therapy</b>	Waiver service not otherwise specified. Service delivered under an outpatient speech language pathology plan of care. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	15 minutes
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No	Consolidated, PFDSW, Base @ 90/10, FSS&FD, Pennhurst Dispersal @ 90/10	T2025	TD	<b>Nursing Service-RN</b>	Waiver service not otherwise specified. Consultation, and training within scope of practice. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	15 minutes
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No	Consolidated, PFDSW, Base @ 90/10, FSS&FD, Pennhurst Dispersal @ 90/10	T2025	TE	<b>Nursing Service-LPN</b>	Waiver service not otherwise specified. Consultation, and training within scope of practice. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	15 minutes
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No	Consolidated, PFDSW, Base @ 90/10, FSS&FD, Pennhurst Dispersal @ 90/10	T2025	UF (6 Hrs.) and TD	<b>Nursing Service</b>	RN Morning. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	6 Hours

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	Consolidated, PFDSW, Base @ 90/10, FSS&FD, Pennhurst Dispersal @ 90/10	T2025	UG (6 Hours) and TD	Nursing Service	RN Afternoon. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	
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	Consolidated, PFDSW, Base @ 90/10, FSS&FD, Pennhurst Dispersal @ 90/10	T2025	UH (6Hours) and TD	Nursing Service	RN Evening. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	
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	Consolidated, PFDSW, Base @ 90/10, FSS&FD, Pennhurst Dispersal @ 90/10	T2025	UJ (6 Hours) and TD	Nursing Service	RN Night. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	
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	Consolidated, PFDSW, Base @ 90/10, FSS&FD, Pennhurst Dispersal @ 90/10	T2025	UF (6Hours); and TE	Nursing Service	LPN Morning. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	
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	Consolidated, PFDSW, Base @ 90/10, FSS&FD, Pennhurst Dispersal @ 90/10	T2025	UG (6 Hours) and TE	Nursing Service	LPN Afternoon. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	

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No	Consolidated, PFDSW, Base @ 90/10, FSS&FD, Pennhurst Dispersal @ 90/10	T2025	UH (6Hours) and TE	Nursing Service	LPN Evening. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	6 Hours
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	Consolidated, PFDSW, Base @ 90/10, FSS&FD, Pennhurst Dispersal @ 90/10	T2025	UJ (6 Hours) and TE	Nursing Service	LPN Night. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	
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				<b>Behavior Therapy</b>	The treatment, by psychological means, of the problem of an emotional nature in which a trained person deliberately establishes a professional relationship with an individual, in an attempt to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior, and promote positive personality growth and development. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	
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No	Consolidated, PFDSW, Base @ 90/10, FSS&FD, Pennhurst Dispersal @ 90/10	T2025	HE	Individual Therapy	Individual therapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, 20 to 30 minutes face-to face with the patient. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	15 minutes
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	Consolidated, PFDSW, Base @ 90/10, FSS&FD, Pennhurst Dispersal @ 90/10	T2025	HE, HQ	Group Therapy	Interactive group psychotherapy. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	15 minutes